


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000006974**  
 1. Entity Name  
**PARKINSON ASSOCIATION OF GREATER DAYTONA BEACH, INC.**



Principal Place of Business <b>111 N. FREDERICK AVENUE DAYTONA BEACH, FL 32114</b>	Mailing Address <b>111 N. FREDERICK AVENUE DAYTONA BEACH, FL 32114</b>
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**DO NOT WRITE IN THIS SPACE**



01162005 No Chg-NP CR2E037 (10/03)

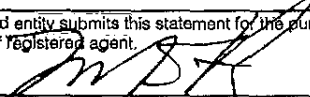
4. FEI Number <b>20-0678283</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STACK, MELVIN D  
 444 SEABREEZE BLVD  
 SUITE 400  
 DAYTONA BEACH, FL 32118**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/11/05**

Signature, typed or printed name of registered agent and file if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NANCY, DAWSON 55 KNOLLWOOD ESTATES DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHAPMAN, ROBERT 555 W GRANADA BLVD G-10 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOGOSIAN, LINDA 1001 S BEACH ST DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLETT, RON 204 QUAKER RIDGE DR DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, ROBERT 305 CENTER ST ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPP, MARK 2300 N ATLANTIC AVE #160 DAYTONA BEACH, FL 32118

U00000316458  
 04/19/05-80076-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **Nancy Dawson** 3/29/05 7736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/29/05** Daytime Phone #: **386-615-**